

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042493

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

 Registered File No. 149 Primary Registration District No. 1002 Registrar's No. 5654

Filed NOV 16 1962

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Rev. 4/591
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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

Hughes W. Day

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City				Length of stay in 1b 3 days		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 101 E. 36th (Nur.Home)				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 30 So. 15th	
3. NAME OF DECEASED (Type or print) First Middle Last ALMA OLIVIA BOSCH				4. DATE OF DEATH Month Day Year Nov. 6, 1962			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/15/1879	
9. AGE (last birthday) 82 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Clay Center, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. teacher				10b. KIND OF BUSINESS OR INDUSTRY public schools			
13a. FATHER'S NAME Steven Mattison				13b. MOTHER'S MAIDEN NAME Louisa Ostenson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				17. INFORMANT Address Arvid C. Mattison Chic. Ill.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Pt. Hemiplegia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Spontaneous Aortic Aneurysm - Rupture							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Oct 6, 1962 to Nov 6, 1962 and last saw her alive on Nov 2, 1962 Death occurred at Nov 6, 1962 at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hughes W. Day, M.D.				22b. ADDRESS 755 W. 10th St. Topeka, Kan.		22c. DATE SIGNED 11-7-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/10/62		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Ks.	
24. FUNERAL DIRECTOR Geo. F. Porter & Sons		ADDRESS K.C.Ks.		25. DATE RECD. BY LOCAL REG. 11-8-62		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Howard L Porter

Licensed Embalmer No. 3751

P. O. Address Kansas City, Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.